

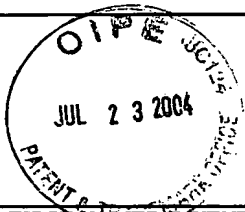
## FEE(S) TRANSMITTAL

Express Mail No. EV 475140815 US

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JONES DAY  
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTY'S DOCKET NO.	CONFIRMATION NO.
09/989,169	11/21/2001	James M. Green	8932-583	9556

## TITLE OF INVENTION ATTACHABLE/DETACHABLE REAMING HEAD FOR SURGICAL REAMER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	No	\$1,330.00	\$300.00	\$1,630.00	July 29, 2004

EXAMINER	ART UNIT	CLASS-SUB CLASS
Robert, Eduardo C.	3732	606-080000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

1. Jones Day

2.

3.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

SYTHES AG CHUR

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CHUR, SWITZERLAND

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advanced Order - # of Copies 3

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) enclosed☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form).

COMMISSIONER FOR PATENTS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Matthew E. Hanley, Reg. No. 51,773 for

Brian M. Rothery, Reg. No. 35,340

July 23, 2004

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07/26/2004 HDEMESS2 00000048 503013 09989169

01 FC:1501 1330.00 DA

02 FC:1504 300.00 DA

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PTOL-85 (REV. 04-02) Approved for use through 01/31/2004. OMB 0651-0033

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